**Statement of**
**The Honorable Gordon H. Mansfield, Deputy Secretary**
**Department of Veterans Affairs**
**Before the**
**Committee on Veterans' Affairs**
**United States House of Representatives**

**September 28, 2005**

Mr. Chairman and Members of the Committee, I appreciate the opportunity to speak to you today about the progress the Department of Veterans Affairs has made in collaborating and coordinating with the Department of Defense to facilitate service members' transition to civilian life. These efforts are leading to improvements in health care and benefits delivery for our nation's veterans. I will speak to you of two major examples of this collaboration: 1) the seamless transition program and 2) the Joint Executive Council (JEC) governance process including implementation of recommendations by the President's Task Force to Improve Health Care Delivery For Our Nation's Veterans (PTF).

Under the leadership of Secretary Jim Nicholson, VA is determined to ensure that maximum efforts are undertaken to serve the needs of newly returning Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) service members. As co-chairs of the JEC, Dr. David Chu, the Under Secretary of Defense for Personnel and Readiness, and I are deeply committed to ensuring that DoD and VA fully leverage their collaboration to address the goals of the President's Task Force while meeting the needs of OIF/OEF service members. Let me share how this has been accomplished and the ongoing initiatives.

**Seamless Transition**

Mr. Chairman, the phrase "seamless transition" represents a set of clearly defined VA initiatives that are intended to ease the re-entry of those leaving active military service

and returning to civilian life by increasing awareness of, access to, and use of VA health care, benefits and services.

The term has been adopted by those in VA and in DoD to describe a set of specific short-term initiatives focused on providing seamless, high-quality health care and psycho-social support services to those young men and women who have been catastrophically disabled as a result of hostile actions associated with Operation Iraqi Freedom and Operation Enduring Freedom. These initiatives include intensive clinical case management in transferring the wounded from military treatment facilities to the most appropriate VA medical centers, including those VA facilities that are recognized as centers of excellence for specific clinical or rehabilitative services.

But looked at in a wider context, “seamless transition” is also a good descriptor for the myriad of programs and initiatives that we are attempting to institutionalize through the Joint Executive Committee, the Health Executive Committee, and the Benefits Executive Committee processes. VA and DoD are committed to enhancing collaboration in an effort to improve access to benefits; streamline application processes; eliminate duplicative requirements and correct other business practices that complicate the transition from active duty to veteran status. Seamless transition will be accomplished through joint initiatives that: ensure wide dissemination of information on the full array of benefits and services available to both VA and DoD beneficiates; enhance educational programming on eligibility criteria and application requirements; increase sites providing BDD services, improve the physical examination and claims processes; and develop interoperable information management systems necessary for the administration and management of beneficiary claims.

**The Executive Council Structure**

In accordance with President Bush’s mandate to improve health care for veterans and military beneficiaries, VA and DoD have worked cooperatively in their efforts to remove barriers impeding interagency collaboration in order to improve access to high-quality health care and reduce the cost of furnishing services. With the recommendations of

the President's Task Force to Improve Health Care Delivery For Our Nation's Veterans in mind, the departments identified critical components to improve health care services to veterans and military beneficiaries through better coordination and improved business practices. Comprehensive strategies were developed to address identified impediments and institutionalize the VA/DoD partnership. In addition, VA has accelerated initiatives to streamline interagency activities that will ensure the seamless transition of service members to veteran status with particular emphasis on those returning from Operation Enduring Freedom and Operation Iraqi Freedom.

The Joint Executive Council (JEC

The Joint Executive Council (JEC) was formed February 2002 to provide overall support and guidance for the joint VA/DoD initiatives and to ensure high level attention from both Departments to maximize opportunities to improve service to our mutual beneficiaries. The JEC determined that the most effective way to increase and institutionalize collaboration between the departments was through the development of a Joint Strategic Plan (JSP). Through this forum, VA and DoD have achieved significant success in improving interagency cooperation in areas including health-care management and delivery and benefits coordination.

Approved by the JEC in April 2003, the JSP represented a significant step forward in institutionalizing VA and DoD collaboration. The JSP also reflected a review of past and current practices in VA/DoD sharing, Congressional direction, GAO reports and the findings of the PTF. The efficacy of having a single guiding document that established mutually agreed upon goals and milestones proved a very effective tool for managing this complex set of initiatives. VA and DoD now annually review and issue an updated, revalidated JSP that incorporates new initiatives and lessons learned from the previous year. The second JSP was signed in December 2004 and VA and DoD are currently reviewing the December 2004 plan for possible enhancements.

The Health Executive Council (HEC). Co-chaired by the VA Under Secretary for Health and the Assistant Secretary of Defense for Health Affairs, the HEC oversees the cooperative efforts of each agency's health care organizations.

Through the HEC, VA and DoD have worked closely to ensure coordination of health care services to our military members and newest veterans returning from Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF).

The HEC has charged work groups to focus on specific high-priority areas of national interest. Through these work groups, the departments have achieved significant success in improving interagency cooperation in key areas such as pharmacy, procurement, deployment health, clinical guidelines, contingency planning, graduate medical education, information management/information technology, financial management, joint facility utilization, and benefits coordination. A more detailed description of health care initiatives specific for returning OIF/OEF veterans will be discussed later.

The Benefits Executive Council (BEC). Co-chaired by the VA Under Secretary for Benefits and the Principal Deputy Under Secretary of Defense for Personnel and Readiness, the BEC is charged with examining ways to expand and improve information sharing, refine the process of records retrieval, identify procedures to improve the benefits claims process, improve outreach, and increase service members' awareness of potential benefits.

In addition, the BEC provides advice and recommendations to the JEC on issues related to seamless transition from active duty to veteran status through a streamlined benefits delivery process, including the development of a cooperative physical examination process and the pursuit of interoperability and data sharing.

VA signed a Memorandum of Agreement with DoD on November 17, 2004, that established a Cooperative Separation Process/Examination for separating service

members. This allows service members to begin the VA disability examination process up to 180 days prior to discharge through our Benefits Delivery at Discharge program and stipulates that consistent protocols are to be followed when one exam is to serve both as DoD's separation physical and to document VA disability claims. As of September, we have 91 locally signed Memoranda of Understanding with 42 in progress.

The "President's Task Force To Improve Health Care Delivery For Our Nation's Veterans" 2003 Final Report identified 23 specific recommendations for action to improve health care delivery to VA and DoD beneficiaries. Twenty of the recommendations were addressed in the VA/DOD Joint Executive Council Annual Report of December 2004/Appendix C entitled, "Department of Veterans Affairs/Department of Defense Response to the Final Recommendations." The document states that of these 23 recommendations, 18 had been fully supported by JSP objectives or by HEC work groups established to initiate action for full implementation.

**Health Care Services**

VA is well positioned to provide health care to returning OEF and OIF veterans. As the largest integrated health care organization in the United States, we can meet their needs through nearly 1,300 health care facilities throughout the country, including 721 community-based outpatient clinics that provide health care access closer to veterans' home communities. We also have 207 Vet Centers, which are often the first contact points for returning veterans seeking benefits and health care near their homes.

VA offers comprehensive primary and specialty health care to our enrollees, and the quality of our care is second to none. We are an acknowledged leader in providing specialty care in the treatment of such illnesses as post-traumatic stress disorder (PTSD), spinal cord injury, and traumatic brain injury (TBI). By leveraging and enhancing the expertise already found in our four TBI centers, VA created Polytrauma

Centers to meet the complex needs of certain seriously injured veterans from all parts of the country. This will be addressed in more depth later in my statement.

**VA/DoD Electronic Exchange of Health Information**

Our ability to provide care to returning OIF and OEF service members is optimized to the extent that we can obtain accurate health care information from DoD in the shortest time frame possible. In 2002, VA and DoD approved the Joint Electronic Health Records Interoperability Plan – Health**e**People (Federal). VA and DoD began implementation of Phase I of the plan, the Federal Health Information Exchange (FHIE) that same year. The FHIE supports the one-way transfer of electronic military health data on separated service members to the VA Computerized Patient Record System for viewing by VA clinicians treating veterans. Since FHIE implementation in 2002, DoD has transferred records for over 3.4 million unique patients to the FHIE repository. Approximately 1.4 million records have been viewed by VA clinicians and VBA claims examiners accessing FHIE data through an interface between it and the Compensation and Pension Records Interchange (CAPRI). In October 2004, VA and DoD began implementation of the Bidirectional Health Information Exchange (BHIE). BHIE supports the exchange of electronic pharmacy, laboratory, allergy and radiology text data between all VA facilities and select DoD facilities. Currently, VA and DoD are continuing to work on the bidirectional exchange of computable pharmacy and allergy information between the DoD Clinical Data Repository and VA Health Data Repository. . This project, known as "CHDR", will support information exchange between next-generation health systems and will permit the departments to conduct drug-drug and drug-allergy checking in each other's systems.

**VA's Seamless Transition**

In January of this year, VA established a permanent Office of Seamless Transition (OST) dedicated to improving the process. Although the OST administratively reports to the Principal Deputy Under Secretary for Health, it is composed of representatives from the Veterans Health Administration (VHA), the Veterans Benefits Administration (VBA), two active duty Marine Corps Officers and one Army Officer. The OST now coordinates

all Departmental activities related to the provision of benefits and health care for those service members transitioning directly from Military Treatment Facilities (MTFs) to VA facilities.

Over the last 2 years, the seamless transition initiative has achieved many successes in the areas of outreach and communication, trending workload, data collection, and staff education. VA has worked hard with DoD to identify OEF and OIF veterans and to provide them with the best possible information and access to health care and benefits. In partnership with DoD, VA has implemented a number of strategies, policies, and programs to provide timely, appropriate services to returning service members and veterans – especially those transitioning directly from DoD MTFs to VAMCs. Members' ability to enroll for VA health care and file for benefits prior to separation from active duty is the result of the seamless transition process.

**Liaisons and Benefits Counselors at DoD and VA**

VA has assigned full-time social workers and benefits counselors to eight major MTFs, including Walter Reed Army Medical Center in the District of Columbia, National Naval Medical Center in Maryland, Brooke Army Medical Center and Darnall Army Medical Center in Texas, Eisenhower Army Medical Center in Georgia, Madigan Army Medical Center in Washington, Evans Army Medical Center in Colorado, and Naval Hospital Camp Pendleton in California. These VA social workers work closely with MTF treatment teams to ensure that returning service members receive information and counseling about VA benefits and services. They also coordinate the transfer of active duty service members and recently discharged veterans to appropriate VA health care facilities and enroll them into the VA health care system. Through this collaboration, we have improved our ability to identify and serve returning service members who have sustained serious injuries or illnesses while serving our country. VHA staff has coordinated almost 2,500 transfers of OEF/OIF service members and veterans from an MTF to a VA medical facility. VBA benefits counselors are also stationed at MTF's to provide benefits information and assistance in applying for these benefits. These counselors are generally the first VA representatives to meet with the veteran and family

members. In FY 2005, VBA benefits counselors will have interviewed more than 7,300 OIF/OEF service members hospitalized at MTFs.

**Points of Contact at Regional Offices and Medical Centers**

Each VAMC and VA Regional Office (VARO) has identified a point of contact (POC) to coordinate activities locally and to assure that the health care and benefits needs of returning service members and veterans are met. VA has distributed guidance on the role and functions of case management services to field staff to ensure that the roles and functions of the POCs and case managers are fully understood, and that proper coordination of benefits and services takes place.

**Benefits Delivery at Discharge**

Many of the OEF/OIF service members who are not seriously injured and therefore do not separate through one of the MTFs participate in VA's Benefits Delivery at Discharge Program (BDD). This program allows service members to begin the VA disability compensation application process as much as 180 days prior to separation. In most cases, disabled service members participating in the BDD Program begin receiving VA disability compensation benefits within 60 days of their separation from active duty, which serves to ease the transition from active duty to civilian status. To expedite claims processing for these service members, VA and DoD have agreed upon a single examination process, using VA's examination protocols, if an examination is also required by the military prior to separation. A memorandum of agreement to establish single examination procedures was signed by VA and DoD in November 2004. The BDD Program is currently offered at 140 military installations. In FY 2005, BDD sites have taken more than 35,000 claims as well as 30,000 claims in 2004.

**Outreach**

Outreach to service members is a vital responsibility of VA and VBA in particular. We have increased our outreach activities over the last several years to reach service members, not only when they are preparing to separate or retire from the military, but also upon their induction into service and during service.

VBA is working with DoD to ensure that all Military Entrance Process Stations (MEPS) give every inductee a copy of VA Pamphlet 21-00-1, A Summary of VA Benefits. It provides basic information about the VA benefits and services for which they will be eligible when they leave military service.

From FY 2001 through the 3rd quarter of the FY 2005, VBA military services coordinators have conducted more than 30,800 VBA benefits briefings, reaching a total of more than 1.1 million active duty service members. These briefings include 3,674 pre- and post-deployment briefings attended by over 228,300 activated Reserve and National Guard service members. During FY 2004 alone, VBA military services coordinators provided more than 7,800 benefits briefings to over 276,000 separating and retiring military personnel, including briefings aboard some Navy ships returning to the United States. As of June of this year, we had already provided more than 6,300 briefings to about 260,000 separating service members in FY 2005.

VA also actively participates in discharge planning and orientation sessions for returning service members. With the activation and deployment of large numbers of Reserve/National Guard members for the onset of military actions in Afghanistan and Iraq, VA, in collaboration with DoD, has greatly expanded outreach to returning Reserve/National Guard members and their family members. National and local contacts have been made with Reserve/National Guard officials to schedule pre- and post-mobilization briefings for their members at the unit level. Returning Reserve/National Guard members can also elect to attend the formal 3-day TAP workshops provided by DoL and VA personnel. Knowing that this is an optional program for the Reserve/National Guard, VA has developed strategies to brief family members while the service member is still deployed and has arranged time on the unit training schedule and during reunions and family day activities. In addition, the National Guard/Reserve Coordinator in the Office of Seamless Transition has conducted numerous briefings to senior National Guard and Reserve leadership informing them of benefits and services available from VA and discussing ways the organizations can

partner to better serve returning National Guard and Reserve troops. During the April 29, 2005 hearing before the Economic Opportunity Subcommittee, VBA provided more detailed information on the Transitional Assistance Program (TAP) and Disabled Transitional Assistance Program (DTAP). In addition, VBA has had the opportunity to attend a field hearing before this committee just this month in New Hampshire where TAP and DTAP were discussed.

Working with DoD, we developed a brochure entitled "A Summary of VA Benefits for National Guard and Reserve Personnel." The brochure summarizes the benefits available to this group of veterans upon their return to civilian life. We have distributed over a million copies of the brochure to all mobilization stations to ensure the widest possible dissemination through VA and DoD channels. It is also available online at: http://www.va.gov/environagents/docs/SVABENEFITS.pdf, I have these here today for distribution to the Committee.

Other outreach activities include the distribution of flyers, posters, and information brochures to VAMCs, VAROs, and Vet Centers. VA has, in fact, distributed more than 1.5 million brochures to DoD demobilization sites and USO's. VA produced and distributed one million copies of a VA health care and benefits wallet/pocket card. Due to popular demand, VA reprinted another 500,000 copies (available on line at www.va.gov/environagents/docs/WalletCard1B101817804.pdf). The card lists a wide range of VA programs, and provides relevant phone numbers and email addresses.

Last year, VA began sending "thank-you" letters together with information brochures to each OEF and OIF veteran identified by DoD as having separated from active duty. These letters provide information on health care and other VA benefits, toll-free information numbers, and appropriate VA web sites for accessing additional information. The first letters and information brochures were mailed in April 2004, and as of June 30, 2005, VA had mailed letters to more than 357,200 returning OEF/OIF veterans. In 2005, letters and educational "tool kits" were sent to each of the National Guard Adjutants General and the Reserve Chiefs explaining VA services and benefits.

VA has also developed and distributed educational videos (e.g., “Our Turn to Serve”), designed for VA employees and others involved in these critical outreach efforts. A second video was developed, entitled “We Are By Your Side,” for returning Guard/Reserve members and their families to help them through the readjustment period upon returning home.

A critical concern for veterans and their families is the potential for adverse health effects related to military deployments. VA has produced a brochure that addresses the main health concerns for military service in Afghanistan, another brochure for the current conflict in Iraq, and one that addresses health care for women veterans returning from the Gulf region. These brochures answer health-related questions that veterans, their families, and health care providers have about these military deployments. They also describe relevant medical care programs that VA has developed in anticipation of the health needs of veterans returning from combat and peacekeeping missions abroad. These are widely distributed to military contacts and veterans service representatives; they can also be found on VA’s website at www.va.gov/Environagents/page.cfm?pg=16).

Another concern is the potential health impact of environmental exposures during deployment. Veterans may have questions about their symptoms and illnesses following deployment. VA addresses these concerns through such media as newsletters and fact-sheets, regular briefings to veterans’ service organizations, national meetings on health and research issues, media interviews, educational materials, and websites, like www.va.gov/environagents. One major initiative to educate VA and DoD healthcare providers is the Veterans Health Initiative (VHI). Through the VHI, VA has developed training programs for such topics as care of war wounded, TBI, and PTSD among others. Available on line at www.va.gov/VHI, this important educational material is also available as a CD-ROM, and has been distributed to VA and DoD Healthcare providers. Additionally, we have created a web page for VA employees on the activities of VA’s seamless transition initiative. Included are the

points of contact for all VA health care facilities and VAROs, copies of all applicable directives and policies, press releases, brochures, posters, and resource information.

The Vocational Rehabilitation and Employment (VR&E) Service is actively participating with other organizations to strengthen our coordination and outreach efforts to disabled veterans. VBA counselors provide the DTAP briefings for service members cited earlier in my testimony. VBA also works within such service improvement workgroups as VA's Seamless Transition Coordination Office, the National Guard/VA Joint Workgroup, Army Disabled Soldier Support System Employment Workgroup, DoD/DoL TAP Steering Committee, Interagency Demobilization Working Group, the Military Severely Injured Joint Support Operations Center, and the Marines for Life.

VR&E has an ongoing partnership with the Department of Labor's (DoL) Veterans' Employment and Training Service (VETS). VR&E staff in 57 regional offices and more than 100 outbased VA offices works closely with DoL's Disabled Veterans Outreach Program Specialists (DVOPs) and Local Veterans Employment Representatives (LVERs) to assist job-seeking veterans. There are currently 71 DOL DVOPs and LVERs co-located in 35 VA regional offices and 26 outbased locations. This access can help to better integrate DVOPs and LVERs into the initial vocational evaluation process with the real goal of the best delivery of employment services.

As I have noted, separating and retiring service members also receive general information packages through the Veterans Assistance at Discharge System (VADS). All separating and retiring service members (including reserve/guard members) receive a "Welcome Home Package" that includes a letter from the Secretary, a copy of VA Pamphlet 21-00-1, *A Summary of VA Benefits,* and VA Form 21-0501, *Veterans Benefits Timetable,* through VADS. Similar information is again mailed with a 6-month follow-up letter. Separate information packages are also sent about Education, Loan Guaranty, and Life Insurance benefits.

Following a recommendation from GAO, DoD established the Interagency Demobilization Working Group, which includes VA, DoD, the military services, Department of Homeland Security, and DoL. The working group also has representatives from the Guard, Reserves, and the demobilization and personnel communities. The group will make recommendations to all Departments concerned on how to improve transition assistance and the demobilization process for the Guard and Reserve.

VBA continues to support the Military Severely Injured Center through on-site support by one VBA employee. The Operations Center, was established to case manage assistance to severely injured returning service members and their families. It is a multi-agency effort with on-site assistance available from the Departments of Veterans Affairs, Homeland Security and Labor.

**Casualty Assistance - In-Service Deaths**

Regional office Casualty Assistance Officers (CAOs) visit family members and assist them in applying for benefits. These visits are coordinated with military CAOs under an arrangement of the Casualty Advisory Board (CAB). The CAB's membership includes the Assistant Director for Veterans Services, Compensation and Pension Service, and representatives from DoD and the various military service departments.

The Dependency and Indemnity Compensation application process has been streamlined through the use of a special worksheet, and claims have been centralized to the VA Regional Office and Insurance Center in Philadelphia. The goal is to process all in-service death claims within 48 hours of receipt of all required documents. At the time of the initial visit, family members are in an acute stage of grief and are not always able to absorb and understand the full range of benefits available to them. To ensure that surviving spouses and dependent children are aware of all benefits, a six-month follow-up letter is also sent to surviving spouses reminding them of the benefits and services. VA offers bereavement counseling to parents, spouses, and children of Armed Forces personnel who died in the service of their country. Family members of

reservists and National Guard members are provided these same services. A special brochure, VA Pamphlet 21-02-1, *Benefits and Services for Survivors of Servicemembers Who Die on Active Duty*, is given to survivors.

**Survivors' Benefits Website**

The Survivors' Benefits Website was a BEC initiative for 2005, developed and activated by a cross-agency work group. It provides information on key issues for surviving spouses and dependents of military personnel who died while in active military service and to the survivors of veterans who died after active service. This website was successfully deployed July 19 and is receiving positive reviews from surviving spouses who work with other groups such as Gold Star Wives and Tragedy Assistance Program for Survivors (TAPS).

**VA Health Care Utilization**

Veterans who have served or are now serving in Afghanistan and Iraq may, following separation from active duty, enroll in the VA health care system and, for a two-year period following the date of their separation, receive VA health care without co-payment requirements for conditions that are or may be related to their combat service. Following this initial two-year period, they may continue their enrollment in the VA health care system but may become subject to any applicable co-payment requirements.

As of June 2005, VA had data on more than 393,400 OEF and OIF veterans who had separated from active duty. Approximately 26 percent of these veterans (101,300) have sought health care from VA as of June, 2005. Most of these veterans have received outpatient care, while only a comparatively small number (approximately 2,400) have had an episode of hospitalization. Reservists and National Guard members make up the majority of those who have sought VA health care (approximately 53,770, or 53 percent). Those who separated from regular active duty have accounted for 47 percent (approximately 47,500). However, among separated OEF/OIF veterans eligible for VA health care, a greater percentage of veterans of regular active duty (30 percent) have sought VA health care than have Reservists/National Guards personnel (23 percent).

OEF and OIF veterans have sought VA health care for a wide-variety of physical and psychological problems. The most common health problems have been musculoskeletal ailments (principally joint and back disorders) and diseases of the digestive system, with teeth and gum problems being the predominant complaints. In total, OEF/OIF veterans have accounted for only about two percent of our total veteran patients.

Mr. Chairman, VA is aware that there has been particular interest about mental health issues among OEF and OIF veterans and VA's current and future capacity to treat these problems, in particular PTSD. First, I want to assure the Committee that VA has the programs and resources to meet the mental health needs of returning OEF and OIF veterans. Second, in regard to PTSD among OEF and OIF veterans, I want to assure you that the PTSD workload that we have seen in these veterans has been only a small percentage of our overall PTSD workload. In FY 2004, we saw approximately 279,000 patients at VA health care facilities for PTSD and 63,000 in Vet Centers. Our latest data on OEF and OIF veterans indicate that as of February 2005, approximately 12,300 of these veterans seen as patients at VAMCs carried an ICD-9 code corresponding to PTSD. It is important to note, however, that this represents approximately 4.5%-5% of VA's overall PTSD population. Additionally, more than 3,500 veterans received services for PTSD through our Vet Centers. Allowing for those who have received services at both VAMCs and Vet Centers, a total of approximately 14,600 individual OEF/OIF veterans had been seen with actual or potential PTSD at VA facilities following their return from Iraq or Afghanistan. This figure represents only about three percent of the PTSD patients VA saw in FY 2004. It should be noted, however, that some of the 14,600 OEF/OIF veterans may include those with a provisional ("rule-out") diagnosis of PTSD who were being assessed for this disorder or other, unrelated disorders.

**Post-Deployment Dental Care**

VA has seen a significant increase in the number of OIF/OEF personnel who are being de-mobilized and seeking dental care from the VA. Because of early briefings on this emergent issue, I directed that dental care be made a priority on the JEC agenda for

resolution. The Assistant Under Secretary for Health for Dentistry and the Director/Dental Care Division, TRICARE Operations Division, TRICARE Management Activity (TMA) appeared before the JEC in June, 2005, to report on the significant increase in VA dental workload at a significant cost increase per patient Following the briefing, the Under Secretary of Defense for Personnel and Readiness directed that a working group be established to research this issue and standardize the process of completing the dental section of the DD-214 (Certificate of Release or Discharge from Active Duty). Additionally, I instructed that $10 Million in funding be provided for this patient group recognizing along with DoD- Health Affairs (HA) and the military services that funding for post-deployment dental care was an unfunded requirement that must be jointly addressed.

Subsequently, the HEC established a joint working group. They have determined the services may lack a standardized method of completing the DD-214 that can result in individuals without dental treatment needs receiving unnecessary dental examinations from VA facilities. This resulted in Dr. Chu's direction to the Services to review the DD-214 completion process. Accordingly, TMA Dental Division and VA dental will evaluate all patient visits from FY 2003-2005 to identify individuals by branch of service who received dental exams but did not require treatment. This process will continue through FY 2006.

**Polytrauma Centers**

One of the harshest realities of combat in Iraq and Afghanistan is the number of service members returning from Iraq and Afghanistan with loss of limbs and other severe and lasting injuries. VA recognizes that it must provide specialized care for military service members and veterans who have sustained severe and multiple catastrophic injuries. Since the start of OEF/OIF, VA's four regional Traumatic Brain Injury (TBI) Lead Rehabilitation Centers (located in Minneapolis, Palo Alto, Richmond, and Tampa) have served as regional referral centers for individuals who have sustained serious disabling conditions due to combat. These programs are specially accredited to provide comprehensive rehabilitation services and TBI services. Patients treated at these

facilities may have a serious TBI alone or in combination with amputation, blindness, or other visual impairment, complex orthopedic injuries, auditory and vestibular disorders, and mental health concerns. Because TBI influences all other areas of rehabilitation, it is critical that individuals receive care for their TBI prior to, or in conjunction with, rehabilitation for their additional injuries.

In accordance with section 302 of Public Law 108-422, VA is expanding the scope of care at these four centers to create Polytrauma Rehabilitation Centers (PRCs). The PRCs build on the capabilities of the regional referral centers but add additional clinical expertise to address the special problems that the multi-trauma combat injured patient may face. Such additional services include intensive psychological support treatment for both patient and family, intensive case management, improvements in the treatment of visual disturbance, improvements in the prescription and rehabilitation using the latest high tech specialty prostheses, development of a clinical database to track efficacy and outcomes of interventions provided, and provision of an infrastructure for important research initiatives. Per PL 108-422, certified rehabilitation nurses from VA will be assigned to Walter Reed Army Medical Center and National Naval Medical Center to initiate the assessment and coordination of care for active duty members with complex critical injuries. Additionally, the polytrauma centers address services for patients in the outpatient setting for ongoing follow-up care not requiring hospitalization. Existing rehabilitation outpatient clinical services have been enhanced to ensure that necessary services can be provided within easier access to the patient's home. To date, the four Polytrauma Rehabilitation Centers have treated 198 severely injured individuals.

**VA/DoD Military Army Liaison Representatives**

The Army Liaison Representative is a crucial uniformed member of the VA/DoD Polytrauma Rehabilitation Center (PRC) Collaboration. This representative functions as an integral member of the Polytrauma Rehabilitation Center team. The Army Liaison Collaboration is a joint service initiative and the Liaison functions as the hub in the military transition process for the seriously injured service member and their family

during the transfer of care from Military Treatment Facilities (MTFs) to VA. The Army Liaison represents the military and expedites the transfer of information and communication between MTFs and VA, between MTFs and family members and between VA, service members and family members. The presence of a uniformed liaison is very important in lessening feelings of abandonment from the military by both soldiers and family members during this critical transition period.

**Nurse Recruitment & Staffing Project / Augusta VAMC and Eisenhower Army Medical Center**

A successful joint staff recruitment project is ongoing between the Augusta VAMC and Eisenhower Army Medical Center (EAMC). Augusta VAMC is a two-division medical center that provides tertiary care in medicine, surgery, neurology, psychiatry, rehab medicine and spinal cord injury including a 30-bed Rehab Care Unit for active duty care. EAMC is a 300-bed hospital located at nearby Fort Gordon. EAMC relies on a satellite Human Resources (HR) Office. An opportunity was identified for August and EAMC to integrate HR processes and systems and integrate/share educational opportunities that enhanced EAMC's recruitment/hiring abilities and subsequently reduces their costs for contract nursing staff.

This collaboration has met or exceeded nearly all of its measures for success including the hiring and placement of RNs for the critical care internship program and the nursing float pool, as well as the integration of educational training programs.

**VA/DoD Joint Collaboration in Certified Registered Nurse Anesthesia training.**

The U.S. Army Medical Department Center and School of Certified Registered Nurse Anesthesia (CRNA) at Fort Sam Houston, TX and VA have been engaged in a collaborative training effort since 2004 to train CRNAs. The VA has graduated three CRNAs and has five students in the program at present.

Tuition being charged by the US Army for the VA students is less than $10,000 for the entire program in contrast to civilian programs that average $30,000 a year. VA

students receive an education that is compatible with VA patient needs including trauma and disaster training not available in civilian programs.

As a result of this program, VA has developed relationships with other DoD services for clinical site rotation including the placement of an Air Force CRNA student in the Tucson VA receiving case experience in cardiothoracic patients and the placement of Army CRNA students in the VA New Orleans, VA Brooklyn and VA San Antonio. Also as a direct result of our presence at the Army Medical Department Center & School we now have the first non-military training site for Army operating room technicians at the VA San Antonio.

**VA/DoD Summit**

On June 27, 2005, VA and DoD held a Seamless Transition Summit to discuss institutionalizing a coordinated transition process for service members and their families as they separate from active duty status and become veterans. The objective of the Summit was to understand the existing process; assess the degree of coordination or duplication; and develop recommendations to improve the information flow between VA and DoD. Recommendations from the Summit were analyzed and presented to the Health Executive Council (HEC) during its August meeting. The HEC recommended establishing a VA/DoD Joint Seamless Transition Working Group to monitor and report on seamless transition activities and initiatives. The working group would also be responsible for further development of the issues identified and recommendations offered by the Summit participants. The recommendation will be submitted to VA's Under Secretary for Health and DoD's Assistant Secretary of Defense for Health Affairs for approval.

**Future Initiatives**

- Although the seamless transition initiative was initially created to support service members who served in OEF/OIF, it is intended to become an enduring process that will support all service members who, as a result of injury or illness, enter the disability process leading to medical separation or retirement.

- VA continues to work with DoD to obtain a list of service members who enter the Physical Evaluation Board (PEB) process. The PEB list will identify those veterans who sustained an injury or developed an illness that precluded them from continuing on active duty and resulted in medical separation or retirement. The list will enable VA to contact these service members to initiate benefit applications and transfer of health care to a VAMC prior to discharge from the military.
- VA is strengthening its support system for veterans and their families to accommodate them in Fisher Houses and hotels as the veterans continue the rehabilitation process. VA's goal is to honor each new veteran and their family with compassion, dignity, and coordination of every service and support that can help to restore function. VA has made great strides in ensuring our veterans experience a smooth transition to civilian life. VA is committed to institutionalizing the seamless transition process as we continue to further increase collaboration with DoD.
- Finally, VA will continue to transform its culture to meet the expectations of our newest veterans and their families.

**Conclusion**

Meeting the comprehensive health care and benefit needs of returning OEF and OIF veterans who choose to come to VA is one of the Department's highest priorities. Mr. Chairman, this concludes my statement. My colleagues and I will be happy to respond to any questions that you or other members of the Committee might have.